

SERFF Tracking Number:	NAVG-125318738	State:	Arkansas
Filing Company:	Navigators Insurance Company	State Tracking Number:	AR-PC-07-026375
Company Tracking Number:	XLPL-R-907-AR		
TOI:	17.1 Other Liability - Claims Made Only	Sub-TOI:	17.1019 Professional Errors & Omissions Liability
Product Name:	Excess Lawyers Professional Liability Rates		
Project Name/Number:	Excess Lawyers Professional Liability Rates/XLPL-R-907-AR		

Filing at a Glance

Company: Navigators Insurance Company

Product Name: Excess Lawyers Professional Liability Rates SERFF Tr Num: NAVG-125318738 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: AR-PC-07-026375
Sub-TOI: 17.1019 Professional Errors & Omissions Liability Co Tr Num: XLPL-R-907-AR State Status:

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Orlando Moreno Disposition Date: 10/18/2007
Date Submitted: 10/09/2007 Disposition Status: Filed

Effective Date Requested (New): 10/30/2007

Effective Date Requested (Renewal): Effective Date (New):
Effective Date (Renewal):

General Information

Project Name: Excess Lawyers Professional Liability Rates

Project Number: XLPL-R-907-AR

Reference Organization:

Reference Title:

Filing Status Changed: 10/18/2007

State Status Changed: 10/09/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

This filing consists of the rates for our new Excess Lawyers Professional Liability program which are being submitted on a file and use basis. Your acknowledgement of this submission would be appreciated. Please see cover letter. Thanks!

Company and Contact

Filing Contact Information

SERFF Tracking Number: NAVG-125318738 State: Arkansas
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Company Tracking Number: XLPL-R-907-AR
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Excess Lawyers Professional Liability Rates
Project Name/Number: Excess Lawyers Professional Liability Rates/XLPL-R-907-AR

Orlando Moreno, Compliance Analyst omoreno@navg.com
1375 E. WOODFIELD RD. (847) 285-9006 [Phone]
SCHAUMBURG, IL 60173 (847) 230-1934[FAX]

Filing Company Information

Navigators Insurance Company CoCode: 42307 State of Domicile: New York
1375 E. Woodfield Rd. Group Code: 510 Company Type: P&C
Schaumburg, IL 60173 Group Name: Navigators Group, State ID Number:
Inc.
(847) 285-9006 ext. [Phone] FEIN Number: 13-3138390

<i>SERFF Tracking Number:</i>	<i>NAVG-125318738</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$125.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000021624	\$125.00	05/31/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	10/18/2007	10/18/2007

<i>SERFF Tracking Number:</i>	<i>NAVG-125318738</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Excess Lawyers Professional Liability Rates/XLPL-R-907-AR</i>		

Disposition

Disposition Date: 10/18/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NAVG-125318738 State: Arkansas

Filing Company: Navigators Insurance Company State Tracking Number: AR-PC-07-026375

Company Tracking Number: XLPL-R-907-AR

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Excess Lawyers Professional Liability Rates

Project Name/Number: Excess Lawyers Professional Liability Rates/XLPL-R-907-AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Rate	Excess Financial Products Insurance Rating Plan	Filed	Yes

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Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NAVG-125318738</i>	<i>State:</i>	<i>Arkansas</i>
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Excess Financial Products Insurance Rating Plan		New	Excess Lawyers Pro Liability Rating Plan.pdf



NAVIGATORS INSURANCE COMPANY

EXCESS FINANCIAL PRODUCTS INSURANCE RATING PLAN

The pricing parameters for High Excess Liability placements, i.e. excess layers attaching at limits of \$1,000,000 and beyond, wherein Navigators is not providing the primary or underlying limits, is at the underwriters discretion based upon an analysis of the type of risk, loss experience, management controls, level of attachment, size of layer, etc.

The rating factors for High Excess Liability placements are as follows:

30% to 90% of the actual primary underlying premium.

MINIMUM PREMIUM

A Minimum Premium of \$3,500 per \$1 million of limits will apply to all limits offered.

SCHEDULE RATING

At the election of the underwriter, the final premium may be modified and documented in accordance with the risk characteristics described in the following Schedule Rating Table.

SCHEDULE RATING TABLE

Special characteristics of an Excess Risk may serve to heighten or lessen its overall desirability. The Maximum Credit or Debit a risk may receive is fifty (50) percent, except for the following:

AL, AZ, CA, CO, DE, FL, NE, OH, OR, RI, SD:	Twenty-five (25) percent
MD, ME, MN, MS, MT, NH, TX, WV:	Forty (40) percent
GA:	Fifteen (15) percent debit
NY:	Fifteen (15) percent

RANGE OF MODIFICATION

	Credit	Debit
A) Docket Control Systems		
1.) No docketing systems	0%	Up to 25%
2.) Computerized system plus a manual calendar	Up to 25%	0%
B) Litigation History		
1.) No claims or minimal prior claims reported where there is a low likelihood of payout	Up to 25%	0%
2.) Prior claims or reserves established where there is a high likelihood of payout	0%	Up to 25%

C) Ownership Interest

1.) No ownership interest or control of entity(s) other than law firm	Up to 25%	0%
2.) Ownership or control of entity(s) other than the law firm	0%	Up to 25%

D) Operational Controls

1.) Engagement, disengagement & non-engagement letter usage	Up to 10%	0%
2.) Three or more suits for fees in the last two years	0%	Up to 10%
3.) Billings for a single client that exceeds 25% of the firm's gross billings	0%	Up to 10%
4.) Firms with three or less locations	Up to 10%	0%

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Filed 10/18/2007

Comments:

Attachment:

NAIC Transmittal for Excess Lawyers Rates.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for OTHER than Workers' Comp **Review Status:** Filed 10/18/2007

Bypass Reason: NOT APPLICABLE.

Comments:

Bypassed -Name: NAIC loss cost data entry document
Bypass Reason: NOT APPLICABLE. **Review Status:** Filed 10/18/2007

Comments:

Satisfied -Name: Cover Letter **Review Status:** Filed 10/18/2007

Comments:

Attachment:

AR Excess Lawyers Rates Cover Letter.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	



Navigators INSURANCE COMPANY

"Insuring A World In Motion"

October 9, 2007

RE: NAVIGATORS INSURANCE COMPANY
NAIC#: 510-42307 / FEIN#: 13-3138390
EXCESS LAWYERS PROFESSIONAL LIABILITY – NEW PROGRAM
RATES FILING
OUR FILE #: XLPL-R-907-AR

Dear Reviewer:

This filing consists of the rates for our new Excess Lawyers Professional Liability program which we are submitting for your review and approval.

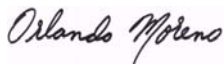
EXCESS FINANCIAL PRODUCTS INSURANCE RATING PLAN

In order to help expedite the review and approval of this filing, please note that the rating plan included herein is similar to our previously filed Excess Directors and Officers rating plan. Some of the differences and similarities between the rating plan for this Excess Lawyers Professional Liability program and the previously filed Excess Directors and Officers rating plan consist of the following:

EXCESS LAWYERS PROFESSIONAL LIABILITY RATING PLAN	PREVIOUSLY FILED EXCESS DIRECTORS & OFFICERS RATING PLAN
Attaches at limits of \$1,000,000 and beyond	Attaches at limits of \$5,000,000 and beyond
Minimum Premium of \$3,500 per \$1 million	Minimum Premium of \$10,000 per \$1 million
Rating factors for High Excess Liability placements consisting of 30% to 90% of actual primary underlying premium.	Rating factors for High Excess Liability placements consisting of 30% to 90% of actual primary underlying premium.
Maximum Credit or Debit a risk may receive is 50% except for the 21 states noted therein	Maximum Credit or Debit a risk may receive is 50% except for the 21 states noted therein
Percentages for Credits and Debits under "Range of Modification" remain unchanged	"Range of Modification" section denotes percentages for Credits and Debits

Please make the effective date of this filing October 30, 2007. Should you have any questions or require any further information, please feel free to contact me at (847) 285-9006 or omoreno@navg.com.

Sincerely,



Orlando Moreno
Compliance Analyst